

POSN.	ID NO.	DATE
CLASSIFIER	5	10-5-84
EXAMINER	439	10-18-84
TYPIST	572	10-20-84
VERIFIER	10316	10-25-84
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	
Original	
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SYMBOLS

✓	Rejected
—	Allowed
— (Through number)	Cancelled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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(LEFT INSIDE)